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PREPARE IN DUPLICATE					DDP - 11	9
I. TITLE OF REF	ORT (if a fil	2. TYPE STATIS	TICAL			
TSD (ALPHA BY TARGET NATIONALITY)					OF NARRAT	
<u> </u>					REPORT X MACHI	NE-NAME LISTING
3. FUNCTIONAL AREA		LOGISTICS	TRAINING		ADMIN. GENERAL OTHER (specify)	
		MEDICAL FINANCE			x TSD	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		erly, etc.)	6. DISTRIBUTION (No. of components not number of copies)	
3		Bimonthly			3	
7. FORMAT (memorandum, form		8. ADP PROCESSING 9. DI		RECTIVE AUTHORITY REQUIRING REPORT		
computer print-out, etc) Print-Out		X YES IF YES GIVE ADP PROCESSING NO.		G NO.		
10. PREPARING COMPONENT (inc		ude lowest level       FEEDER REPORTS (State t		C/TSD total number and identify by Title,		
contributing	information t	to report)	Form No.,	or nomenclatu	ire. Attach separate shee	t if necessary.)
	N/A		· }	:	37 /A	
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			12. COST FA	CTORS		
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		B. COSTS OF	COMPUTER P	RODUCED RE	PORTS	
					\$465.00	
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			TOTAL COSTS	PER YEAR	\$465.00	•
13. COMPLETE DET	AILED JUSTIFIC	CATION FOR THIS REPOR	T (in addition	to directive	or authority cited in item	9). IF KNOWN,
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X RETAIN AS		OTHER (explain)			MAN-HOURS	ED SAVINGS DOLLARS
CHANGE						
6. DATE OF INVE		NAME AND TITLE OF PE	RSON FURNISHING	INFORMATION		18. EXTENSION
October	L <b>9</b> Approved F	or Release 2006/1	1/13 : CIA-RDI	75-00399R0	000100040054-4	IG EXTENSION
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